National Kidney Foundation®

# Donation Form

*Your donation to the National Kidney Foundation will enable us to provide hope and help to the millions of people affected by kidney disease. To learn more, visit www.kidney.org*

*The National Kidney Foundation is a tax exempt, not-for-profit, 501(c)(3) organization. All contributions are tax deductible to the fullest extent of the law.*

***I/we wish to donate:** *(In U.S. dollars)*

__ $50 __ $100 __ $250 __ $500 __ $1,000 Other *(specify amount)* $ _____

__ Make this a Recurring Gift: charge the amount above every month for _____ months *(credit cards only).*

***This donation is from:**

Name/s _____

Address _____

City _____ State _____ Zip _____

__ This donation will be matched by *(company/foundation)*: _____

***Payment options:**

__ Enclosed is a check made payable to **National Kidney Foundation**.

__ Please charge my credit card: __ American Express __ Discover __ Master Card __ Visa

Card # | | | | | | | | | | | | | | | | Exp date M M Y Y CVC | |

Authorized signature _____ Date _____

__ Credit card billing name and address is the same as address above. *(If different, please complete below.)*

Name _____

Address _____

City _____ State _____ Zip _____

**Please use my/our donation:** *(select one)*

__ Where the need is greatest __ For Patient Education __ For Early Detection Programs

__ For Professional Education __ For Research Support __ For Organ Donation Awareness

**This donation is:**

__ In memory of __ In honor of Name _____

**Please send an acknowledgment card for this donation to:**

Name _____

Address _____

City _____ State _____ Zip _____

*Please mail or fax your completed form to:*

**National Kidney Foundation**
**Finance Department**
**30 East 33rd St.**
**New York, NY 10016**

**Fax: 212.889.2310**

*To donate online, go to: **www.kidney.org/DonateNow***

Thank you for your support!

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